

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Tommy Dickerson  
Full Address 705 Chickasawhay St., Waynesboro, MS 39367  
Telephone 601-735-2773 (Fax) 601-735-5345  
E-mail tdickerson@cmaaccess.com  
Office Sought Senator Dist #43 Political Party Democratic



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$500 + 0	\$ #500	\$ 11,650. <sup>00</sup>
Total amount of disbursements	644 + 3,000	\$ 3,644. <sup>00</sup>	\$
Total amount of cash on hand		\$ 1,311.36	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tommy Dickerson  
Signature of Candidate

\_\_\_\_\_  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Tommy DICKERSON

Reporting period

Jan 1, 2009

through

Dec 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/15/09	\$ 250. <sup>00</sup>
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250. <sup>00</sup>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		09/22/09	\$ 250
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250. <sup>e</sup>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Tommy Dickerson

Reporting period

Jan 1, 2009

through

Dec 31, 2009

Page

2

of

4

## ITEMIZED DISBURSEMENTS

A. Full name	Wayne County News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 509	12/03/09	\$ 60. <sup>00</sup>
City, State, Zip Code	Waynesboro, MS 39367	1/1/	\$
Purpose of Disbursement (Optional)	Ad - Football - State title	Aggregate Year-to-date	\$
B. Full name	Wayne County News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 509	12/10/09	\$ 25. <sup>00</sup>
City, State, Zip Code	Waynesboro, MS 39367	1/1/	\$
Purpose of Disbursement (Optional)	Football Ad	Aggregate Year-to-date	\$
C. Full name	Greene County Herald	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 220	12/24/09	\$ 55. <sup>00</sup>
City, State, Zip Code	Leakesville, MS 39451	1/1/	\$
Purpose of Disbursement (Optional)	Christmas Ad	Aggregate Year-to-date	\$
D. Full name	George County Times	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 102	12/17/09	\$ 30. <sup>00</sup>
City, State, Zip Code	Lucedale, MS 39452	1/1/	\$
Purpose of Disbursement (Optional)	school ad -	Aggregate Year-to-date	\$
E. Full name	George Co. Times	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 102	11/30/09	\$ 50. <sup>00</sup>
City, State, Zip Code	Lucedale, MS 39452	1/1/	\$
Purpose of Disbursement (Optional)	sch. - ad	Aggregate Year-to-date	\$ 80. <sup>00</sup>
F. Full name	Greene Co Herald	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 220	9/14/09	\$ 100. <sup>00</sup>
City, State, Zip Code	Leakesville, MS 39451	1/1/	\$
Purpose of Disbursement (Optional)	sch. - ad	Aggregate Year-to-date	\$

Name of Candidate or Committee Tommy Dickerson  
 Reporting period Jan 1, 2009 through Dec. 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name <u>Wayne Co. News</u>	Date (Mo., Day, Year) <u>5/7/09</u>	Amount of each disbursement this period \$ <u>69.<sup>00</sup></u>
Mailing Address <u>P.O. Box 509</u>		\$
City, State, Zip Code <u>Waynesboro, MS 39367</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Purpose of Disbursement (Optional) <u>ad - Baseball</u>	Aggregate Year-to-date	\$ <u><del>179.<sup>00</sup></del></u>
B. Full name <u>Wayne Co. News</u>	Date (Mo., Day, Year) <u>12/20/09</u>	Amount of each disbursement this period \$ <u>25.<sup>00</sup></u>
Mailing Address <u>P.O. Box 509</u>		\$
City, State, Zip Code <u>Waynesboro, MS 39367</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Purpose of Disbursement (Optional) <u>ad - Basketball</u>	Aggregate Year-to-date	\$ <u>179.<sup>00</sup></u>
C. Full name <u>Greene Co. Herald</u>	Date (Mo., Day, Year) <u>4/2/09</u>	Amount of each disbursement this period \$ <u>45.<sup>00</sup></u>
Mailing Address <u>P.O. Box 220</u>		\$
City, State, Zip Code <u>Leakesville, MS 39451</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Purpose of Disbursement (Optional) <u>ad - Baseball</u>	Aggregate Year-to-date	\$
D. Full name <u>Greene Co. Herald</u>	Date (Mo., Day, Year) <u>5/14/09</u>	Amount of each disbursement this period \$ <u>55.<sup>00</sup></u>
Mailing Address <u>P.O. Box 220</u>		\$
City, State, Zip Code <u>Leakesville, MS 39451</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Purpose of Disbursement (Optional) <u>ad - school</u>	Aggregate Year-to-date	\$
E. Full name <u>Greene Co. Herald</u>	Date (Mo., Day, Year) <u>8/24/09</u>	Amount of each disbursement this period \$ <u>55.<sup>00</sup></u>
Mailing Address <u>P.O. Box 220</u>		\$
City, State, Zip Code <u>Leakesville, MS 39451</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Purpose of Disbursement (Optional) <u>football ad</u>	Aggregate Year-to-date	\$
F. Full name <u>Greene Co. Herald</u>	Date (Mo., Day, Year) <u>8/27/09</u>	Amount of each disbursement this period \$ <u>45.<sup>00</sup></u>
Mailing Address <u>P.O. Box 220</u>		\$
City, State, Zip Code <u>Leakesville, MS 39451</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Purpose of Disbursement (Optional) <u>ad - sch -</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee

Tommy Dickerson

Reporting period

Jan 1, 2009

through

Dec. 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	Greene Co Herald	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 220	12/14/09	\$ 30 <sup>00</sup>
City, State, Zip Code	Leakesville, MS 39451		\$
Purpose of Disbursement (Optional)	Christmas ad-sch	Aggregate Year-to-date	\$ 385 <sup>00</sup>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$